

**MULTIPLE DEPENDENT  
FEE CALCULATION FORM  
(FOR USE WITH FORM P. 15)**

APPLICANT(S)

653204

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	41					
TOTAL CLAIMS	44					

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